

Interdependency of Title XIX (Medicaid) with other Human Services programs

Background Info: Title XIX (Medicaid) is integrated and interrelated to virtually all services that DHS provides to its clients. In particular, Title XIX is integral to DHS serving the following populations:

- SSI – Aged, Blind, Disabled
- Families with Dependent Children, Pregnant Women, Foster Children and Subsidized Adoption Children

Division of Financial, Health, and Work Supports:

Programs	Administration
<ul style="list-style-type: none">• Although Medicaid is delinked from FIP, Medicaid (coverage groups) is mandated to use FIP rules that were in place prior to July 16, 1996.• When possible, Medicaid tries to align policies with Food Stamps and FIP for program simplification and to reduce worker errors.	<ul style="list-style-type: none">• Worked with FHWS on EBT• Process Medicaid State Plan Amendments for internal review

***hawk-i* and Medicaid Expansion Programs (SCHIP):**

- When Iowa's SCHIP Program was initially established, Iowa opted for a combination program – a Medicaid expansion and a stand-alone program (i.e. the ***hawk-i*** Program). Both of these are funded with Title XXI (SCHIP) funds. All reporting, monitoring of expenditures, etc. for the SCHIP allotment relies on data from payments made through the Medicaid Program via the Medicaid expansion.
- All ***hawk-i*** applications are screened for Medicaid eligibility and must be referred to Medicaid if it appears they would qualify. IMW's are co-located at MAXIMUS to handle these applications.
- On the reverse side, children who no longer qualify for Medicaid are automatically referred to ***hawk-i*** if it appears the child would qualify.
- ***hawk-i*** runs a daily match against the Title 19 files to ensure that children who are on ***hawk-i*** have not become Medicaid eligible.
- In most cases, ***hawk-i*** follows Medicaid policy when calculating income and, in the case of referrals, uses the income calculation completed by the Medicaid worker to determine ***hawk-i*** eligibility.
- When a child who has been on ***hawk-i*** is retroactively granted Medicaid eligibility, the Centers for Medicare and Medicaid Services (CMS) requires that Medicaid funds (instead of SCHIP funds) be used for any period of time during which the child was actually Medicaid-eligible. This necessitates coordination between Medicaid and ***hawk-i*** fiscal staff.

State Supplementary Assistance Program:

- This program provides payments for certain special needs, including residential care, family life homes, in-home health related care, dependent person allowance, mandatory supplementary and blind allowance. Residential care and in-home health related care payments must meet a Federally mandated maintenance of effort (MOE). If the MOE is not met, all of the Federal funding for the Medicaid program is jeopardized.
- Persons receiving State Supp. payments are also eligible for Medicaid.

Refugee Services:

Programs	Administration
<ul style="list-style-type: none">• Medicaid eligibility is determined prior to Refugee medical	<ul style="list-style-type: none">• Coordinate with FIP and Refugee Services on policy; attend monthly meetings at Refugee services

Division of Behavioral, Developmental, and Protective Services for Families, Adults, and Children:

- In-home health and Family life - work with social workers to set up services, contracts for payment (services are paid by the state supplementary assistance program)
- Foster Care/Subsidized Adoption - if child is determined to be eligible for IV-E Foster Care/Subsidized Adoption, they are eligible for Medicaid. For children that are non IV-E Foster Care/Subsidized Adoption, Medicaid has chosen the option of covering these children. If Medicaid were not covering these children then the Child and Family Services budget would be responsible for these payments.
- Coordinate with BDPS/FAC on the manual for foster care
- Coordinate with BDPS/FAC in preparing for the IV-E review
- Coordinate with BDPS/FAC on policy related to PMIC's and the Iowa Plan
- The Medicaid State Plan incorporates policy related to Rehabilitative Treatment Services (Family Foster Care, Group Foster Care, Family Centered Services, and Family Preservation Services).
- Coordinate with BDPS/FAC on policy and procedures for MEPD; MH/DD was very influential in getting this coverage group
- Coordinate with BDPS/FAC on policy related to residential and medical facilities
- Coordinate with BDPS/FAC on policy related to home and community-based waivers and targeted case management
- Coordinate with BDPS/FAC on the ISIS system
- Coordinate with BDPS/FAC to answer questions about relationship of Medically Needy and the State Payment Program
- The Adult Rehab Option (Rehab option for non-EPSDT covered clients) is tied to the BDPS/FAC Division for CMI diagnosed individuals. This applies to the State Payment Program.
- The Iowa Plan Contractor is the ASO for payment of some services formerly paid through BDPS/FAC and performs joint treatment planning for some MR individuals.
- Coordinate with BDPS/FAC on issues related to Olmstead, Personal Assistance Services, the Iowa Plan, and County relations
- Coordinate with BDPS/FAC on Community Mental Health Center interactions
- The State Payment Program interfaces with Medicaid on a daily basis in determining eligibility and coordinating client benefits from the appropriate payer (Medicaid and/or State Payment Program) to ensure the most efficient and appropriate use of funds. Coordination and interface occurs daily among the State Payment Program with Medicaid data systems (IABC, SSNI, ISIS), the Medicaid waivers, the Medicaid Adult Rehabilitation Option program, the Medicaid fee-for-service system, Medically-Needy, as well as the State Supplementary Assistance Program.
- The DHS field service workers (who process State Payment Program applications) are co-located in offices with the Income Maintenance workers who determine Medicaid eligibility; this facilitates ease of communication and coordination among programs.

- The Medicaid Iowa Plan contractor under a 1915b waiver administers a large portion of the State Payment Program. Any separation of Medicaid would result in severe disruption to (if not the loss of) this critically important administrative service to the State Payment Program, disruption of service authorization and provision to approximately 1200 consumers, disruption of claims payments to hundreds of providers, and disruption of data collection, service reporting and utilization management. All of this would undoubtedly result in increased costs to county mental health funders as well as increased costs to the State Payment Program.

Field Services/Field Operations:

- SPIRS - answers Medicaid questions for the field; discusses the more difficult or unusual questions with the Unit of Health Supports or the Medical Bureaus; communicates messages from Unit of Health Supports or the Medical Bureaus to the field as needed
- Answer questions that the field has about Medicaid and consult with Unit of Health Supports and Medical Bureau staff as needed.
- Work with FS to determine the number of new Income Maintenance Workers needed to determine eligibility for new Medicaid coverage groups (Currently there are approximately 582 Income Maintenance Workers who determine eligibility for various DHS programs, including Medicaid)
- Work with FS on client concerns or questions about Medicaid that come into Central Office
- Service Areas - work with the Income Maintenance Supervisors on Medicaid policy
- Train the field in new policies or policy changes on Bureau CIDS
- IM Training Academy -Trains new Income Maintenance Workers and existing workers in Medicaid policy, Bureau of Health Supports reviews training packets, answers the trainers questions on Medicaid policy, keep trainers informed of new policies or changes to policies
- Work with the field/Service Areas on Medicaid outreach and outstationing of Medicaid eligibility workers
- Data enter adjustments into the nursing facility SSRD system and the ISIS system

Policy Analysis:

- Appeals – the Medical Bureaus and Unit of Health Supports staff have a member on the Appeals Review Committee; the Medical Bureau and Unit of Health Supports staff review the proposed decisions, if needed recommends that the appeals be reversed or remanded to the local office; appeals resolves issues
- Exceptions to Policy - Policy Analysis assigns exceptions to the Medical Bureaus and Unit of Health Supports; assigned staff make recommendations to approve or deny.
- Unit of Health Supports and the Medical Bureaus write and revise rules based on federal regulations, federal law or state legislation
- Forms - review, update and prepare new forms and pamphlets
- Manual, including online manual maintenance - revise and write Employees' Manual and provider manual; PA edits the manual and works with policy on the edits
- Word processing - manual revisions, pamphlets, forms, etc.

Policy Coordination:

- The Medical Bureaus and Unit of Health Supports staff respond to requests for RFIs, fiscal notes, bill reviews, respond to letters to legislators (State and Federal)
- Coordination of multiple Division requests which overlap between various programs, including Medicaid

CSRU:

- Establish and enforce medical support orders for children receiving Medicaid

- Provide information to Medicaid on eligible children's health insurance coverage provided by non-custodial parents ordered to provide medical support. This is in accordance with Medicaid Third Party Liability requirements.
- Transmit medical support provided through cash rather than insurance coverage when the child is a recipient of medical assistance.
- Maintain a federally certified system capable of receiving automated referrals and providing information to Medicaid via an interface with the Medicaid eligibility and claims processing systems
- Clarify Medicaid policy issues relating to CSRU
- Analyze impact of proposed federal child support issues and affects on Medicaid and children's access to private and public health care coverage

DIVISION OF DATA MANAGEMENT

State systems and Federal systems interfaces that are used in administering the Medicaid Program:

1. MEPS for the payment of the premium and tracking
 2. IABC for eligibility (only Medicaid portion)
 3. SSNI - Title XIX (Medicaid) for eligibles and issuing the medical card
 4. Buy-in of Medicare Parts A and B premiums by the Medicaid program
 5. ISIS - for facility and waiver payments
 6. IEVS - for checking social security benefits, which also includes data from the IRS
 7. SDXD - for SSI information
 8. FACS - mechanism for communicating about the Foster Care Child and subsidized adoption child between service workers and IM workers.
 9. ICAR - information about child support and medical support; IM worker enters information about the absent parent
 10. PRSM – system for presumptive eligibility for pregnant women; presumptive eligibility for breast and cervical cancer treatment women; and ongoing eligibility for breast and cervical cancer women
 11. CRS (change reporting system) - do requests for updates when forms are changed for Medicaid, FIP, and Food Stamps
 12. MMIS - The Medicaid Management Information System is located at the fiscal agent, but owned by the State. Information from all of the above-enumerated systems is used directly or indirectly in the payment of Medicaid claims.
 13. DSS – The Decision Support System is located at the fiscal agent and the State is a licensed user. This system contains 36 months of Medicaid paid claims and Medicaid eligibility data.
 14. Overpayment system maintained by DIA – recoupment screens – Income Maintenance Workers complete the input, which can include Medicaid, FIP, Food Stamps, and child care payments.
 15. Iowa Work Force Development – earnings information that has been reported is used to verify eligibility for Medicaid, FIP, and Food Stamps.
 16. DHS Intranet – InfoShare
 17. VHRQ – resource information on vehicles to verify eligibility for Medicaid, FIP, and Food Stamps.
- For all of the above systems, Medicaid policy managers prepare service requests and a test plan and work with programmers, FIP and Food Stamp policy managers, and the field to test the system after the change has been made. These systems are very interdependent with other policy areas. **There would be significant costs associated with separating Medicaid from these systems.**

- The Medical Bureaus and Unit of Health Supports staff complete ROIs, request and receive reports on eligibles, coverage groups, etc.

Division of Data Management - Quality Assurance:

- Take calls from presumptive providers and enter the information into the presumptive system
- Data enter/track MEPD premium payments
- Data enter the “special updates” for Medicaid eligibility on the SSNI system

Fiscal Management:

- Budget analysts - determine the number of eligibles and cost of new programs or changes to programs; state supplementary assistance program and MOE projections; RFIs and fiscal notes
- Manage Medicaid-related ledgers to assure accurate accounting of all funds, both Federal and State
- Draw Federal funds earned as needed
- Process claim vouchers for various medical-related programs, including Medicaid Administrative Claiming, all medical contracts, and interim assistance claims
- Process and pay medical transportation claims (which is a mandatory service under the Medicaid program)
- Prepare all State and Federal budget requests
- Prepare and file Medicaid/SCHIP Federal reports
- Receive and process MEPD payments
- Incorporate medical administration in the Department's cost allocation plan
- Purchase of Services - payment system for in home health services
- Contracting and payment for and auditing of Rehab. Treatment Services

Division of Results-Based Accountability - Quality Control:

- Pilot project to determine client participation in month of entry or month of exit
- QC reviews of Medicaid cases
- Medical Bureau and Unit of Health Supports staff respond to QC regarding questions about Medicaid policy
- The Medical Bureaus and Unit of Health Supports staff request information from research and statistics staff.

Other:

- DHS has a contract with the AG's office for legal advice and attorneys work with the Medical Bureaus and Unit of Health Supports staff on Medicaid policy and eligibility.
- There are many other areas of DHS that provide administrative support to staff supporting the Medicaid program, including mail room functions, space management, provision of supplies, printing, personnel support, training coordination, etc.